

STATE OF TENNESSEE DEPARTMENT OF COMMERCE AND INSURANCE STATE FIRE MARSHAL'S OFFICE MANUFACTURED HOUSING SECTION 500 James Robertson Parkway Davy Crockett Tower, Third Floor

Davy Crockett Tower, Third Floor Nashville, Tennessee 37243-1162 PHONE: 615-741-7192 FAX: 615-741-9388

LICENSE APPLICATION FOR MANUFACTURED HOME STABILIZING SYSTEM INSTALLER

(PLEASE PRINT OR TYPE ALL REQUIRED INFORMATION)

FIRM NAME:Business Location			Mailing Address			
(City)	(State)	(Zip)	(City)	(State)	(Zip)	
County:		Telephone Number:				
Full Name o	of Owner:				(or)	
Full Name o	of Partners:					
Full Name o	of Corp. President	:				
Experience	in the Installation	of Manufactured	Homes - () Years.		
-	• • •	•	NCSBCS A225.1-19	994) be classified for	selection of approp	oriate
•	•	, ,	Il the provisions of the lations promulgated	ne TENNESSEE CO pursuant thereto.	DE ANNOTATED,	- Title
(Authorized	d Signature)	(Title)		(Date)		

BE SURE TO: Include a check or money order for \$25.00 payable to

THE DEPARTMENT OF COMMERCE AND INSURANCE

*Attach a properly executed \$10,000.00 Surety Bond on the attached form.

